HOME CARE 100®
LEADERSHIP CONFERENCE

Home Care 100 Coronavirus Task Force Executive Summary – Call #5

The COVID-19 Crisis: Positioning Home Care as a Solution

April 14, 2020

Through a weekly complimentary **Home Care 100 Coronavirus Task Force** conference call with top experts and providers, we offer best practices in **Coronavirus crisis management** and **forward-thinking insights into the "new normal":** how best to operate in the next 12-18 months, before a vaccine is developed.

This week, providers from across the nation discussed refining their approach to COVID care; high acuity in-home models; and opportunities for home-based providers as the pandemic evolves over the long term.

Featured Contributors:
Eliza "Pippa" Shulman, Chief Medical Officer, Medically Home (Atrius Health)
Bruce Greenstein, EVP, Chief Strategy & Innovation Officer, LHC Group
Benjamin Doga, MD, Lead Medical Advisor, LHC Group
Monique Reese, SVP Home & Community Care, Highmark Health
Nick Stupakis, VP, Home & Community Services, Highmark Health
Emma Dickison, CEO, Home Helpers Home Care
Eric Bush, CMO, Hospice of the Chesapeake

Key Learnings

Expanded Opportunities for Higher Acuity Home Care

Decanting of patients from hospitals to make way for COVID has lessened, while people continue to resist going to hospitals for care, preferring the relative safety of being treated at home telephonically. This presents an opportunity for home care to be more adaptive in treating acute and urgent care needs, according to **Pippa Shulman** (Medically Home/Atrius Health). Moving forward, providers should be able to escalate care for a wider range of patients, including shorter term. As the primary focus for hospitals leans toward critical or ICU-level care, patients and payors will seek lower- and medium-acuity care options in the home. Medicare and Medicare Advantage are beginning to support this trend.

Bruce Greenstein and **Benjamin Doga, MD** outlined a new LHC Group approach to addressing this need with a certified "SNF diversion" program in Florida. The program involves transitioning patients from hospital to home with a unique set of clinical and billing protocols. The full scope is actively being tracked and assessed with an eye toward offering the program to payors in the future as a clinically high-quality package at an appropriate price, with cost savings relative to treatment in a hospital or SNF.

Highmark Health began a major strategy shift to making the home the preferred space post-hospitalization prior to the COVID crisis, which has been fast-tracked in response to the current

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situation, reported **Monique Reese** and **Nick Stupakis**. By leveraging changes in the CARES Act and implementing payment for telehealth/telemedicine, Highmark is able to prevent hospitalizations, ED visits, and avoid infection spread. In addition, they are launching a proprietary episodic program within their network that encourages home health to take sicker patients for higher reimbursement which will continue post-COVID.

COVID as Catalyst for Seeking Care in Home

Emma Dickison (Home Helpers Home Care) sees home care playing an integral role in keeping seniors and those with chronic health concerns out of acute hospital settings longer. One-to-one caregivers notice health changes sooner and can proactively offer intervention. She has not only seen in-home services expand with existing clients, but also an increase in demand from facilities requesting additional staffing as other agencies pull back. They have established COVID-safe training protocols and strategic staff scheduling to minimize exposure.

The changes with telehealth and patients with acute medical issues avoiding ERs have created an overall increase in at-home delivery requests for end-of-life care, with longer stays both on the supportive care and hospice sides, reported **Eric Bush** (Hospice of the Chesapeake). They have partnered with hospitals to create specific workflows for quick ER transmissions enabling expedited hospice admission at home, while beginning to allow current supportive care staff to provide inpatient telemed support for hospital palliative teams.

- **Home Care 100 COVID-19 Business Planning & Crisis Management Resources**

To receive an invitation to participate in task force calls, please contact:
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